MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 31 1937

File No. 24771

Registered No. 115

1. PLACE OF DEATH
County St. Francois Registration District No. 173
Township St. Francois Primary Registration District No. 6a 18-A
City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Luther M. Bradley
(a) Residence, No. Flat River, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Bradley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Co., Mo.

FATHER
13. NAME James Bradley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robison Tenn.

MOTHER
15. MAIDEN NAME Manerva Gassett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robison Tenn.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Flat River, Mo. DATE June 28 1937

19. UNDERTAKER Hood
(ADDRESS) Flat River, Missouri

20. FILED 6/25 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to June 25, 1937
I last saw him alive on June 25, 1937. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

10 D

Other contributory causes of importance:
Cerebral arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Paul J. Schradin M. D.
(Address) Farmington, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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